

Public Records Request

Please Read Instructions First

Please submit this form to ADOT Office of Safety & Risk Management:

Office of Safety and Risk Management
1324 N. 22nd Avenue, Phoenix, AZ 85009

Email: ADOTPublicRecords@azdot.gov (Use Submit button)
602.712.7327; Fax: 602.712.6545

Office Hours: 8 a.m. to 5 p.m.
Except state holidays

About this form:

- Use this form to request a public record from our agency under Arizona Revised Statutes § 39-121 et seq.
- To assist our office in its effort to process your request, please be specific and identify the document or record by name.

How to complete this form:

- This form must be written (printed) legibly or computer generated for accuracy.
- For your convenience, this form has been designed to be filled out electronically or printed for faxing/mailing.

Fees:

- The fee schedule for copies of public records is posted on our website.
- Records or parts of some records may not be subject to public dissemination under Arizona law. You will be notified if release of the record is restricted under law or if parts of the records requested will be redacted.

1. Document Information—Complete all blanks and boxes If additional description required, please send as attachment

Paper copies Records Inspection only

Name of record Date of record/loss:

Location: Route: Milepost(s): Timeframe of search (Dates to-from):

Record Description

2. Use of Record—Review the laws on Page 2—MUST BE COMPLETED

I have read the information on the back of this form. The requested records will be used for (check one):

NON-commercial purpose COMMERCIAL purpose.

Commercial Use Disclosure
Statement under A.R.S. § 39-121.03:

3. Contact Information

Media: Yes No

First Name Last Name Company

Address City State Zip Code

Phone Fax Email Address

4. Signature

STATEMENT: I understand that the copy or other reproduction of the public record which I have requested is to be used solely for the purposes as stated on this form. I declare that such copies or reproductions will not be used directly or indirectly for a different purpose other than prescribed on this form. I understand that copying, postage and other fees may be associated with my request.

Signature: Date

Type Name

Office Use Only

Date received: Date entered: Initials: Date completed: Initials:

